

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	2					
4	2					
5	1					
6	1					
7	4					
8	1					
9	1					
10	1					
11	1					
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TOTAL IND.	6					
TOTAL DEP.	10	←	←	←	←	
TOTAL CLAIMS	16	████████	████████	████████	████████	

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.												
TOTAL DEP.		←	←	←	←							
TOTAL CLAIMS	16	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████